



JACKSON PUBLIC SCHOOL DISTRICT MET REFERRAL CHECKLIST

The following paperwork should be collected and available for review at the MET meeting.

Student Name:	Grade:
Teacher (s):	School:

DATE		DOCUMENTS
	<input type="checkbox"/>	Child Find/MET Request Form
	<input type="checkbox"/>	Developmental History (ages 3-9 and 10-21) conducted by interview either by phone or in person.
	<input type="checkbox"/>	MTSS/RTI Packet (Student Data Form and Social Emotional Worksheet)
	<input type="checkbox"/>	Teacher Narrative completed by the academic teacher(s) – ELA and Math
	<input type="checkbox"/>	Classroom Observation(s) – ELA and Math
	<input type="checkbox"/>	Hearing/Vision screening within 1 year
	<input type="checkbox"/>	<div style="display: flex;"> <div style="flex: 1;">Educational Information</div> <div style="flex: 2;"> <input type="checkbox"/> Statewide assessment scores <input type="checkbox"/> District assessment scores (current and prior two years) <input type="checkbox"/> Grades (current and prior two years) <input type="checkbox"/> Absences (current and prior two years) <input type="checkbox"/> LAS links scores (if applicable) <input type="checkbox"/> Discipline referrals (if applicable) <input type="checkbox"/> Copy of Cumulative insert <input type="checkbox"/> Universal Screening Data <input type="checkbox"/> Class Comparison and Diagnostic Report <input type="checkbox"/> Teacher letter of concern (if applicable) <input type="checkbox"/> Parent letter of concern (if applicable) </div> </div>
	<input type="checkbox"/>	Previous Assessments – Assessment Team Report from School, Dyslexia screening, Psychological testing, or any discharge summaries or information from psychiatric placements, medical documentation, and etc. (if applicable)
	<input type="checkbox"/>	IEP, Eligibility Determination Form, and Summary Report (if applicable)
	<input type="checkbox"/>	<div style="display: flex;"> <div style="flex: 1;">Behavior/ABC Data (if applicable):</div> <div style="flex: 2;"> <input type="checkbox"/> Seven (7) days of ABC data (antecedent, behavior, consequence) <input type="checkbox"/> Summary of Behavior form – complete after ABC data is collected <input type="checkbox"/> FBA/BIP if conducted <input type="checkbox"/> Documentation of T2/T3 Behavior Intervention </div> </div>